NORTH ARLINGTON PUBLIC SCHOOLS
School Counseling Department
222 Ridge Road
North Arlington, NJ 07031
Phone: (201) 991-6800 ext. 2053
Fax: (201) 246-0506

Lauren Buckley
Supervisor of Guidance (Pre-K-12)

Immunization Record Release

I, the undersigned, hereby authorize North Arlington High School to release a copy of the immunization records requested below.

Name _____

Address _____

City, State, Zip _____

Date of Birth _____

Dates attended NAHS _____ Contact PH# _____

Signature (required) _____ Date _____

Kindly forward the above requested information to:

Name _____

Address _____

City, State, Zip _____

Fax#: _____